									\rightarrow	<u> </u>	5 4 Y L	
PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 Application or Docket Number 6 6 3 6 6 6												
CLAIMS AS FILED - PART ((Column 1) (Column 2)									NTITY	OR	OTHER	
π	TAL CLAIMS		9					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	₹ 375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			9 minus 20=		•	0		X3 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		0	0		X42=		OR	-X84≃-	
ML	LTIPLE DEPEN	IDENT CLAIM P	RESENT						+-	1		
* 11	the difference	in column 1 is	less than zero, enter "0" is			olumn 2		+140=	 	OR	+280=	7.
CLAIMS AS AMENDED - PART II								TOTAL	· L	JOR	TOTAL	THAN
	(Column 1) (Column 2) (Column 3)							SMALI	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 9	Minus		0	- /		X\$ 9=	1	OR	X\$18=)
胃	Independent	.2	Minus	 3	3	= /		X42=	11	OR	X84≈	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT			CLAIM				1-/-	107		/	
								+140=		OR	+280=	1
		•	ADDIT, FEE OR ADDIT, FEE									
		(Column 1) (Column 2) (Column 3)								•		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI PAID	OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ş	Total	./0	Minus	# %	<u>(0</u>	- /		X\$ 9=		OR	X\$18=)
Z	Independent	MTATION OF	Minus	SENDENT	3	1-		X42=	17	OR	X84=	
Amost 1 iled 5/23/65								+140=	1	OR	+280=	
arian francis							1	TOTA ADDIT, FE		OR	TOTAL ADDIT, FEE	
_/	JE '	(Column 1)		(Colu		(Column 3)						
AMENDMENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
Ş	Total	• 2	Minus	-2		- /		X\$ 9=	FEE		X\$18=	FEE 1
1	Independent	• 2	Minus	444 2	3	- /	1			OR		/
5	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM			X42=	1-/-	OR	X84=	/
	If the grow in such.	ma 1 fe tree there "	ho calcula and		and to			+140=		OR	+280=	
"If the entry in column 1 is less than the entry in column 2, write "O" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE ADDIT. FEE												
	The Highest Nur	mber Proviously Pa	id For" (Total o	or Independ	ent) is the	e pighest ump	er fo	and in the a	ppropriate b	ox in co		

FORM PTO-878 (Rev. 12/02)

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Patient and Tradement Office, U.S. DEPARTMENT OF COMMERCI